

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 Q07669

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
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47						
48						
49						
50	1					
TOTAL IND.	0		↓	↓	↓	
TOTAL DEP.	55	←	←	←	←	
TOTAL CLAIMS	(a)					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			↓	↓	↓	
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS						